

**ROOMMATE
PREFERENCE FORM***Please complete this form fully and return it by email to:
DePaul@echigher.com**About you**

Full Name	<input type="text"/>
Nickname	<input type="text"/>
Country	<input type="text"/>
Email	<input type="text"/>
Date of Birth	<input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="YYYY"/>
	Male <input type="checkbox"/> Female <input type="checkbox"/>

Your preferences

	Yes	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Vegetarian/Vegan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a 'Morning Person?'	<input type="checkbox"/>	<input type="checkbox"/>
Do you play an instrument?	<input type="checkbox"/>	<input type="checkbox"/>

What are you like?

	Often	Sometimes	Never
Do you stay up late?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your room messy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you drink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan on having visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you go out at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you study in the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you study in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you

Are you an	<input type="checkbox"/> Undergraduate	OR	<input type="checkbox"/> Graduate
Do you have any health issues? If so, please specify.	<input type="text"/>		
What is your major?	<input type="text"/>		
What are your hobbies/interests?	<input type="text"/>		
What kind of music do you like?	<input type="text"/>		
Do you have a friend with whom you'd like to share a room? If so, please let us know.	<input type="text"/>		